

POSITION	ID NO.	DATE
CLASSIFIER	21	10/7/67
EXAMINER	60959	11-10
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Final	Original	Date
1	V	V	10/7/67
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- M Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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